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Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005				Application Number 10/718,215					
				Filing Date November 19, 2003 O P E				OLAE	
				First Named Inve	entor KEI	KENNETH STERM %			
				Examiner Name	JOI	HN H. LE	_ / D	EC 16 2005 🕏	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	286	33	異	μ./ 	
TOTAL AMOUNT OF PAYMENT (\$) 1,240.00				Attorney Docket	No. A2\	W12320U	s B		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 11-1580 Deposit Account Name: RICHARD S. KOPPEL For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION									
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
	FILING F Si	EES mail Entity	SEAR	CH FEES Small Entity		Small En	tity		
Application Type		Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$		Fees Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65	_		
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300	_		
Provisional	200	100	0	0	0	0	_		
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)									
<u>Fee Description</u> Each claim over 20 (including Reissues)								25	
Each independent claim over 3 (including Reissues)								100	
Multiple dependent claims						36	-	180	
Total Claims	Extra Claim		<u>Fee</u>	Paid (\$)				lent Claims Fee Paid (\$)	
12 - 20 or	HP = 0 of total claims paid fo	x <u>50</u> r. if greater than 20.	- =			ree	141	ree raid (\$)	
Indep. Claims	Extra Claim	<u>s Fee (\$)</u>	Fee	Paid (\$)					
1 - 3 or HP = 0 x 200 = 0 HP = highest number of independent claims paid for, if greater than 3.									
2 ADDI ICATION CITE SEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
Other (e.g., late filing surcharge): RCE FEE - \$790, PETITION FOR 2 MO. EXTENSION OF TIME -\$450 \$1,240									
SUBMITTED BY									
Signature	Registration No Telephone (post) 979, 999								

Date December 16, 2005 Name (Print/Type) JAMES K. DAWSON

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents. P.O. Box 1450, Alexandria VA 22313-1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.